



State of California—Health and Human Services Agency
Department of Health Care Services



ARNOLD SCHWARZENEGGER
Governor

July 19, 2007

CHDP Program Letter No.: 07-08

TO: ALL CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM DIRECTORS, DEPUTY DIRECTORS, STATE CHILDREN'S MEDICAL SERVICES (CMS) BRANCH STAFF AND REGIONAL OFFICE STAFF

SUBJECT: REVISION OF CHDP PROGRAM CONFIDENTIAL SCREENING/BILLING REPORT FORM (PM 160)

Enclosed is a CHDP Provider Information Notice (PIN) No.: 07-08 informing CHDP providers of changes to the latest version of the standard and information-only PM 160 (version 8), which are now available. Changes include:

- Body Mass Index – a new field to be used to record a child's BMI percentile.
- Service Location – revised field previously titled "Provider of Service." Providers will be required to include the street address, city, state and nine-digit zip code where services were provided.
- Provider Number – field was expanded to make space for the 10-digit NPI number.
- Place of Service (POS) – a new two digit field that best describes where services were rendered. The POS codes are:

Place of Service Code	Description
11	Office (any location other than POS code 22 or 71)
22	Outpatient Hospital
71	State or Local Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory

- Diagnosis Codes – revised field previously titled “ICD 9 Codes.” The field was expanded to accommodate an increased number of digits in anticipation of the prospective conversion to the ICD 10 version of the International Classification of Diseases (ICD) codes.

Providers are not required to begin using version 8 of the PM 160 until NPI is implemented in November 2007. Please encourage them to exhaust their existing stock of the PM 160 (version 7). However, it is important that enough time is allowed to order and receive version 8 prior to implementation of the NPI. After implementation, use of version 8 will be required.

Please review and distribute the attached PIN, without any changes, to providers in your local program area and complete and return the “Report of Distribution.”

Original Signed by Marian Dalsey, M.D., M.P.H.

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